PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of	1995, no person are required to		rmation unless it displays a valid OMB cor			
Fffective on 12/08/	-	Complete if Known				
Fees pursuant to the Consolidated Appropri		Application Number	10/092,252-Conf. #9279			
FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 7, 2002			
		First Named Inventor	Gang WU  B. S. Roberts			
		Examiner Name				
		Art Unit	2616			
TOTAL AMOUNT OF PAYMENT	(\$) 910.00	Attorney Docket No.	4035-0148P			
METHOD OF PAYMENT (check	all that apply)					
X Check Credit Card	Money Order No	ne Other (please i	dentify):			
Deposit Account Deposit Account P	Number: 02-2448 Deposit Acc	count Name: Birch,	Stewart, Kolasch & Birch, LLF	<u> </u>		
For the above-identified depo	sit account, the Director is	s hereby authorized to: (d	check all that apply)			
Charge fee(s) indicated	below	Charge fee(s) indicated below, except for the filing fee				
Charge any additional f	ee(s) or underpayment of .16 and 1.17	x Credit any ov	erpayments			
FEE CALCULATION	***					
1. BASIC FILING, SEARCH, AND E	KAMINATION FEES					
FII	LING FEES SE	ARCH FEES EXA	MINATION FEES			

.00(0)								
FEE CALCULAT	<b>LION</b>							
1. BASIC FILING,	SEARCH, AND EX	AMINATION FE	ES					
	FILI	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees I	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	_65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM	FEES							<b>Small Entity</b>
Fee Description							Fee (\$)	<u>Fee (\$)</u>
Each claim over 20	(including Reissue	es)					50	25
Each independent of	•	ling Reissues)					200	100
Multiple dependen	t claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$) Multiple Depende			nt Claims		
	x x				Fee	<u>∍ (\$)</u> <u>I</u>	ee Paid (	<u>\$)</u>
HP = highest number	of total claims paid for, it	f greater than 20.						_
Indep. Claims	Extra Claims	Fee (\$)	Fee Pai	<u>d (\$)</u>				
	x	= =						
	of independent claims p	aid for, if greater tha	an 3.					
3. APPLICATION S		1100 1	• (			•		
	n and drawings exc 37 CFR 1.52(e)), th							0
	on thereof. See 35				ioi siliali eli	inty) for each ac		
<u>Total Sheets</u>	Extra Sheets		of each add	itional 50 or frac	ction thereof	Fee (\$)	<u>Fee</u>	<u> Paid (\$)</u>
	100 =	/50	(n	ound up to a who	ole number)	·	=	
4. OTHER FEE(S)							<u>Fees</u>	Paid (\$)
Non-English Sp	ecification, \$130							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37							790.00 120.00	
1251 Extension for response within first month							120.00	

SUBMITTED BY Registration No. (Attorney/Agent) 32,334 (703) 205-8026 Telephone Signature Voe McKinney Muncy Date September 29, 2006

KM/RFG/njp